

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/596,761*

FILING DATE

*6-23-06*

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			<i>1</i>			
2				<i>1</i>		
3				<i>1</i>		
4				<i>1</i>		
5				<i>1</i>		
6				<i>1</i>		
7				<i>1</i>		
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TOTAL IND.		↓	<i>1</i>	↓		↓
TOTAL DEP.		←	<i>11</i>	←		←
TOTAL CLAIMS			<i>12</i>			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						